

Office of the Governor

Briefing Memo

To: Lieutenant Governor Rutherford

Through: Sean Powell
Yesim Karaman

From: Clay Stamp

Re: Opioid Operational Command Center (OCCC)

Date: September 21, 2017

Completed Action Items (Sept 7, 2017 - Sept 20, 2017):

- 9/7/2017-9/20/2017 - Continued review and approval of Opioid Intervention Team Grant submissions. 23 jurisdictions have received final approval with funds in the process of being made available. 1 jurisdiction is submitting revisions for additional review [Partners: MDH-BHA, DBM, MEMA, GOCCP, MSP/HIDTA, MSDE] (Preliminary Summary Attached)
- On 9/7/2017-9/15/2017 - OCCC Director attended multiple Recovery Month events throughout Maryland. Link to events: <http://beforeitstoolate.maryland.gov/hogan-rutherford-administrati-on-national-recovery-month-visits/>
- On 9/7/2017 -
 - Conducted third and final meeting of Behavioral and Substance Abuse Programs and Services workgroup, developed in compliance with House Bill 1082, to review programs that provide behavioral and substance abuse disorder services in public schools [Partner: MSDE]
 - OCCC Director delivered remarks at the National Opioid Crisis Community Summit hosted by the U.S. Army at Aberdeen Proving Ground
 - Approved \$1.5M funding plan to support hospital emergency department SBIRT and peer recovery specialists in five pilot hospitals (Anne Arundel Medical Center, Peninsula Regional Medical Center, GBMC, St. Agnes, and Meritus Medical Center); hospitals to be notified soon [Partner: MDH-BHA,

Maryland Hospital Administration]

- On 9/11/2017 -
 - Conducted workshop at the Maryland Voluntary Organizations Active in Disasters Quarterly Meeting for faith-based and non-profit human services providers [Partners: DHS, Maryland VOAD]
 - Completed OCCC Spend Plan Implementation Update in preparation for Joint Committee on Behavioral Health and Opioid Use Disorders on 9/26 [Partners: MDH, GOCCP, MSP, MSDE]
- On 9/12/2017 - MHA webinar for hospital-based providers describing Alcohol and Drug Use Screening; the third in a series of five (108 partners in attendance) [Partners: Maryland Hospital Association, MDH]
- On 9/13/2017 -
 - OCCC Deputy Director attended Local Health Officer Roundtable and spoke on OCCC spend plan implementation [Partner: MDH-BHA]
 - OCCC webinar on correctional facility assessment, intervention, and treatment; the fourth in a series of bi-weekly webinars (33 State and local partners in attendance) [Partners: DPSCS, MCAA]
- On 9/15/2017 -
 - OCCC personnel toured the MSP Forensic Sciences Division laboratory and discussed opportunities for collaboration on controlled dangerous substance detection and toxicology analysis related to the opioid epidemic [Partners: MSP, MDH-BHA, GOCCP]
 - Facilitated a discussion on fixing lower prices for naloxone and naltrexone through centralized purchasing with the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) [Partners: DGS, MDH-BHA, MIEMSS]
 - Shared Statewide OIT Situation Report Overview with Local Emergency Managers and Health Officers (attached)
- On 9/18/2017 -
 - Completed weekly analysis of naloxone administration trends

by EMS providers statewide to include in the broad distribution via the Office of Preparedness Public Health Situational Awareness Report [Partners: MDH, MIEMSS]

- Completed a Substance Exposed Newborns graph; data and chart will be updated yearly as information becomes available [Partner: DHS]

Planned Actions Items (Sept 21, 2017 - October 4, 2017):

- On 9/21/2017 - OOCC Deputy Director to present at the Healthy St. Mary's Partnership with community members and local health organizations
- On 9/26/2017 - Present to the Joint Committee on Behavioral Health and Opioid Use Disorders [Partners: MDH, GOCCP]
- On 9/27/2017 - Host a webinar to provide updates to State and local partners about the Prescription Drug Monitoring Program and the Office of Controlled Substance Administration; the fifth in a series of bi-weekly webinars [Partner: MDH-BHA, OCSA]
- On 9/29/2017 - State Superintendent to send out finalized Naloxone FAQ document to all 24 local superintendents for distribution to schools [Partners: MSDE, MDH]
- Compile report following the Behavioral and Substance Abuse Programs and Services workgroup meetings, developed in compliance with House Bill 1082, for final recommendations on behavioral and substance abuse disorder programs in public schools; report to be presented during State Board of Education meeting in October [Partner: MSDE]
- Ongoing: Completion of charts relating to eMeds Naloxone Administration and Improved Response [Partner: OOCC Data Unit]
- Ongoing: Conduct weekly OIT Grant review sessions to approve jurisdiction budgets and project narratives [Partners: MDH, DBM]
- Ongoing: Collect summaries of Promising Practices occurring within local jurisdiction OIT's and disseminate/share statewide
- Ongoing: Compile survey results from the Maryland Hospital Association on ED overdose discharge protocols in regard to substance use disorder screening, naloxone dispensing, peer

support, and direct referral to treatment

- Ongoing: Collect data from VSA and produce comparison report of 2016 and YTD 2017 Opioid-related overdose deaths.

OOCC Coordinated Meetings

The OOCC continues the mobilization phase to engage partners at the state and local level working on heroin and opioid-related initiatives, including but not limited to the following meetings:

- On 9/8/2017 - Convened quarterly in-person Interagency Heroin and Opioid Coordinating Council Meeting to provide agency-specific and OOCC progress updates and discuss benchmarks and targets (42 attendees) [Partners in attendance: MDH, OOCC, MIEMSS, GOV, MSDE, MIA, DHS, MSP, GOCCP, DHCD, Courts]
- On 9/11/2017 - Meeting with Secretary Schrader regarding review of applicants for PDMP Advisory Board and TAC
- On 9/14/2017 - Discussed how to support recovery school concept using the \$200,000 in OOCC Spend Plan [Partner: MSDE]

Quick Statistics for the State of Maryland*		
Overview		Source
ED visits for overdose (heroin/fentanyl/opioid) ¹	314 (Weekly, Mon, 09/04 - Sun, 09/10/17)	DHMH
	264 (Weekly, Mon, 09/11 - Sun, 09/17/17)	
EMS overdose response (heroin/fentanyl/opioid) ²	251 (Weekly, Mon, 09/04 - Sun, 09/10/17)	MIEMSS
	280(Weekly, Mon, 09/11 - Sun, 09/17/17)	
Prevention		
BeforeItsTooLateMD.org individual users	1,408 (Monthly, 8/1 - 8/31/17)	OOCC
BeforeItsTooLateMD Facebook reach ³	87,162 (Monthly, 8/1 - 8/31/17)	OOCC
BeforeItsTooLateMD Twitter impressions per day ⁴	1,200 (Monthly, 8/1 - 8/31/17)	OOCC
Enforcement		
Heroin/Opioid Seizures ⁵	321 (YTD as of 9/05/2017, updated monthly)	MSP/HIDTA
Heroin/Opioid Seizures by weight ⁵	18,994 grams (YTD as of 9/05/2017, updated monthly)	MSP/HIDTA
Treatment/Recovery		
Overdose saves ⁶	160 (Weekly, Mon, 09/04 - Sun, 09/10/17)	MIEMSS
	181 (Weekly, Mon, 09/11 - Sun, 09/17/17)	
Non-fatal Overdose Referrals from Law Enforcement ⁷	530 (YTD as of 8/28/2017, updated monthly)	MSP/HIDTA
Substance Exposed Newborn Referrals ⁸	2,384 (YTD 2017, updated yearly)	DHS

* All numbers are preliminary and may change as more detailed analysis becomes available.

¹ Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017. Syndromic Surveillance data provide information on health trends rather than an exact measure of illness and injury in the community. When interpreting health trends it is important to keep in mind certain data limitations.

² EMS overdose response is a count of the number of incidents in which EMS delivered naloxone. This number may include unresponsive patients who were not suffering an opioid-related issue. Additionally, fatal overdoses where no naloxone was administered will not be counted in this number. EMS will be adding new data fields soon that may provide a more accurate measure of EMS opioid overdose response.

³ Facebook reach measures the number of people who see a post from the BeforeItsTooLateMD page.

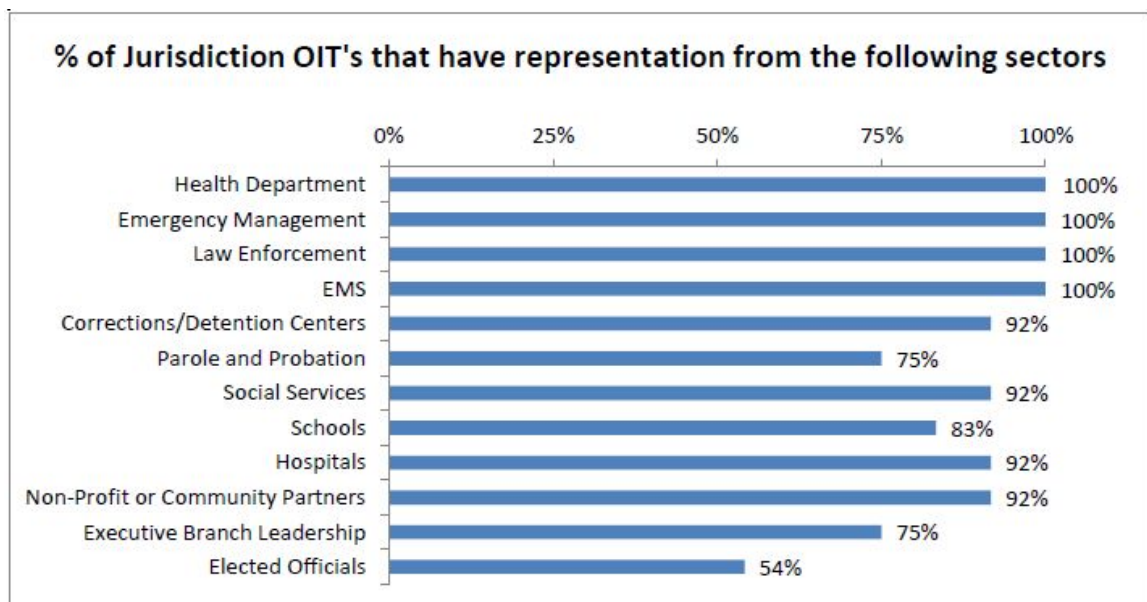
⁴ Twitter impressions measures the number of times a tweet from the BeforeItsTooLateMD page is seen.

⁵ Seizure data as reported to the Maryland State Police, Criminal Enforcement Division. Preliminary data, may not reflect final values.

⁶ Overdose Saves is a count of EMS responses where naloxone was administered with a positive patient response. Without treatment, patients would likely have experienced adverse health impacts or even death.

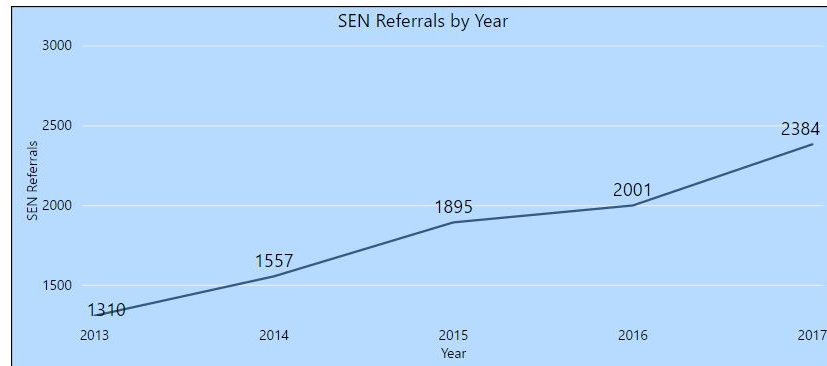
⁷ Non-fatal Overdose Referrals from Law Enforcement reflects referrals from local law enforcement heroin coordinators to local health authorities. This number can be, and in many cases is, larger than the number of referrals from HIDTA to the coordinators, and does not include referrals processed from the HIDTA through MSP.

⁸ MD CHESSIE does not distinguish substance exposure by substance. This data set does not capture the number of referrals- it captures only those cases involving individuals that DHS and its local departments of social services are working with or have worked with in the past.



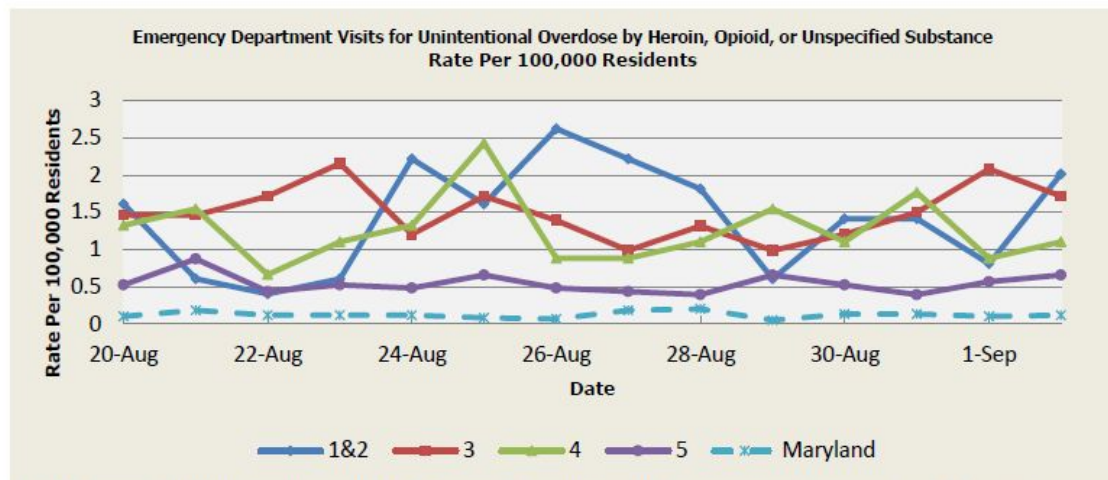
Substance Exposed Newborn (SEN) Referrals by Year

Year	SEN Referrals
2013	1310
2014	1557
2015	1895
2016	2001
2017	2384
Total	9147

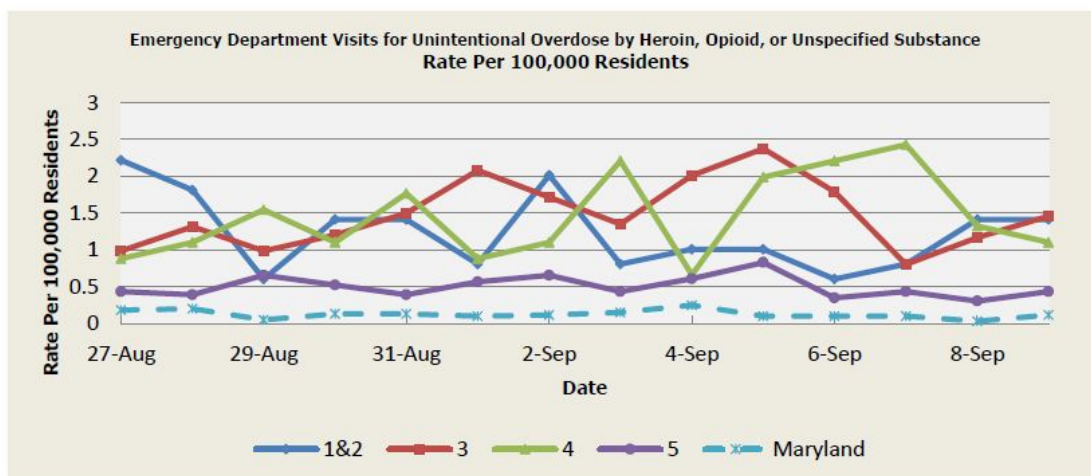


SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



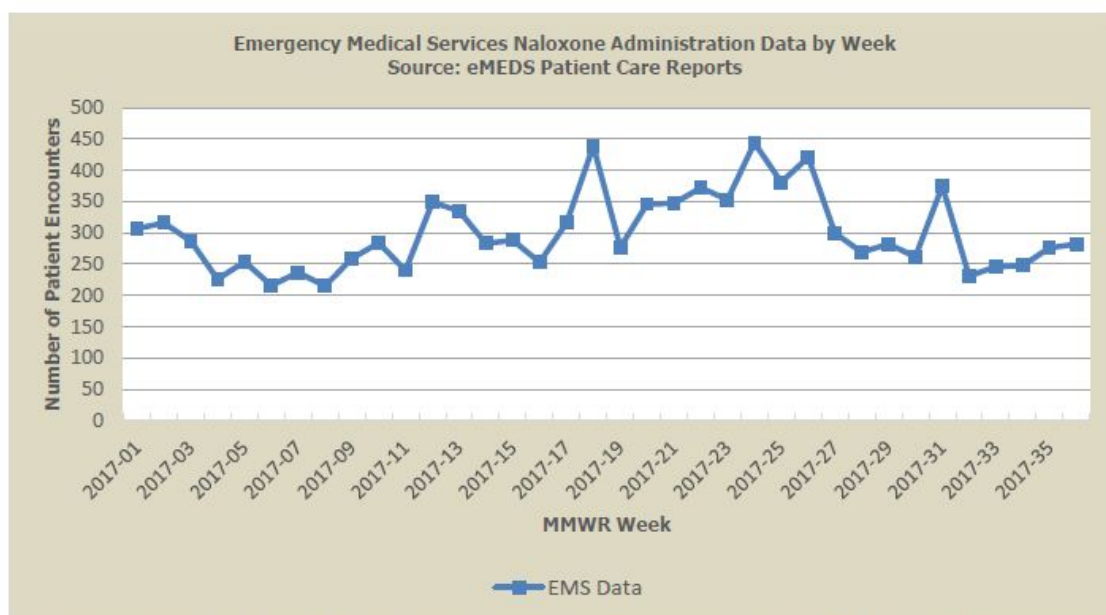
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.



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Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.40	0.35	0.14	0.29
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.